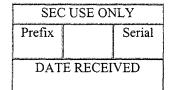
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SEC Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice.

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden
hours per response 1





UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

PROCESSEL JUL 2 2 2002 THOMSON FINANCIAL

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

Filing Under (Check box(eapply):	es) that [] Rule 504 [] Rule 505 [X] Rule 506 [] Section 4(6)	[]ULOE
Type of Filing: [X] New I	Filing [] Amendment	
	A. BASIC IDENTIFICATION DATA	•
1. Enter the information re	equested about the issuer	.
Name of Issuer (check if the American Enterprises, In	his is an amendment and name has changed, and indicate change.)	• •
Address of Executive Office Telephone Number (Include 141 Fashion Boulevard,	ding Area Code)	
		*
Address of Principal Busin Telephone Number (Include (if different from Executive		
Telephone Number (Include (if different from Executive Brief Description of Bush	ding Area Code)	-
Telephone Number (Include (if different from Executive Brief Description of Bush	siness American Enterprises, Inc. raises production and neatrical and entertainment productions.	-
Telephone Number (Include (if different from Executive Brief Description of Buspromotion funding for the second se	siness American Enterprises, Inc. raises production and neatrical and entertainment productions.	- specify):
Telephone Number (Include (if different from Executive Brief Description of Buspromotion funding for the Type of Business Organiz	ding Area Code) e Offices) siness American Enterprises, Inc. raises production and neatrical and entertainment productions.	- specify):
Telephone Number (Include (if different from Executive Brief Description of Buspromotion funding for the Type of Business Organize [X] corporation	ding Area Code) e Offices) siness American Enterprises, Inc. raises production and neatrical and entertainment productions. ation [] limited partnership, already formed [] other (please see the content of the conte	- specify):
Telephone Number (Include (if different from Executive Brief Description of Buspromotion funding for the Type of Business Organiz [X] corporation	ding Area Code) c Offices) siness American Enterprises, Inc. raises production and neatrical and entertainment productions. ation [] limited partnership, already formed [] other (please so [] limited partnership, to be formed Month Year	- specify): - Estimated

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington,

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[X] Promoter [X]	Beneficial [X] Owner	Executive Officer	[X] Director []	General and/o Managing Partner
Full Name (Last nam Yeager, Robert F.	ne first, if individual)			STATEMENT (MODELLA MARTINA)
Business or Residen 141 Fashion Boulev			State, Zip Code)	
Check Box(es) that Apply:		Beneficial [X] Owner	Executive Officer	[] Director []	General and/o Managing Partner
Full Name (Last nam Yeager, Donna	e first, if individual))			Ministrativa de la companya de la co
Business or Residen 141 Fashion Boulev	•		State, Zip Code))	11171
Check Box(es) that Apply:		Beneficial [] Owner	Executive Officer	[] Director []	General and/or Managing Partner
Full Name (Last nam	e first, if individual)				MATERIAL PROPERTY AND ASSESSMENT OF THE PROPERTY OF THE PROPERTY ASSESSMENT OF THE PROPERTY ASSESSMENT OF THE PROPERTY ASSESSMENT OF THE PROPERTY ASSESSMENT OF THE PROPERTY OF THE PROPERTY ASSESSMENT OF THE PROPERTY OF THE PR

Business or Resider	nce Address (Number	and Street, City,	State, Zip Code)		
Check Box(es) that Apply:	[] Promoter [] Be Ov	eneficial [] wner	Executive [Officer] Director []	General and/or Managing Partner
Full Name (Last nam	ne first, if individual)				and the same of th
Business or Resider	ice Address (Number	and Street, City,	State, Zip Code)	,	
Check Box(es) that Apply:	[] Promoter [] Be Ov		Executive [Officer] Director []	General and/or Managing Partner
Full Name (Last nam	ne first, if individual)				nervania de la compania de la compa
Business or Residen	ce Address (Number	and Street, City,	State, Zip Code)		
Check Box(es) that Apply:	[] Promoter [] Be Ov		Executive [Officer] Director []	General and/or Managing Partner
Full Name (Last nam	e first, if individual)	and the second s			
Business or Residen	ce Address (Number	and Street, City,	State, Zip Code)		The particular of the state of
Check Box(es) that Apply:	[] Promoter [] Be Ow		Executive [Officer] Director []	General and/or Managing Partner
Full Name (Last nam	e first, if individual)		Towns of the Addition of the same of the s		· · · · · · · · · · · · · · · · · · ·
Business or Residen	ce Address (Number a	and Street, City, S	State, Zip Code)		Typysyddiaddiaddiaddiaddiaddiaddiaddiaddiaddi
(Use blank she	eet, or copy and use	additional copie	es of this sheet, a	s necessary.)

				B. INFO	RMATIO	N ABOU	JT OFFE	RING				
	the iss		l, or doe	s the iss	uer inter	nd to sell	, to non-	accredite	ed invest	ors in thi	is	— Yes No [X][
			Ansv	ver also	in Appe	ndix, Col	lumn 2, i	f filing ur	der ULO	E.		
2. Wh	at is the	minimu	ım inves	tment th	at will be	e accepte	ed from a	any indiv	idual?			\$5,000.00
3. Doe	es the o	ffering p	ermit joi	nt owne	rship of a	a single	unit?		•••••			Yes No
directl conne persor the na	y or ind ction win or age me of the	irectly, a th sales ent of a t ne broke	of secu oroker or or dea	mission rities in t dealer ler. If m	or simila the offeri registere ore than	r remune ng. If a p ed with th five (5) p	eration for person to persons to persons to	or solicita be listed and/or wit to be liste	t be paid tion of pu d is an as th a state ed are as r that bro	urchaser ssociated or state ssociated	rs in d es, list d	
Full N None	ame (La	ast name	e first, if	individua	al)							
Busin	ess or F	lesidend	e Addre	ss (Num	ber and	Street, (City, Stat	e, Zip Co	ode)			
 Name	of Asso	ociated E	Broker o	Dealer					13011			
								it Purcha	sers			
(Chec	k "All	States"	or chec	k indiv	idual St	ates)	•••••	••		[] All S	States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY] 	(PR)
Full N	ame (La	ist name	first, if i	ndividua	al) 							
Busine	ess or R	esidenc	e Addre	ss (Num	ber and	Street, 0	City, Stat	e, Zip Co	ode)			
Name	of Asso	ciated E	Broker or	Dealer								
								t Purcha	sers	r	7 411 6	14.4
`						•				[] All S	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[A]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT] [RI]	[NE]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)						-						
Name	of Asso	ociated E	Broker o	r Dealer		·						•
010100							to Solic		sers	[] All St	ates
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[XX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Equity	6 0	\$3,972,215 \$ 0
[] Common [] Preferred Convertible Securities (including warrants)	•	\$ 0
Convertible Securities (including warrants)		
,		
	§ 0	\$ 0
Partnership Interests	6 O	\$ 0
Other (Specify).	6 0	\$ 0
Total \$	3,972,215	\$3,972,215
Answer also in Appendix, Column 3, if filing under ULOE.		

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."

	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	121	\$3,487,217
Non-accredited Investors	21	\$ 484,998
Total (for filings under Rule 504 only)	N/A	\$ N/A
Answer also in Appendix, Column 4, if filing under ULOE.		

3. If this filing is for an offering under <u>Rule 504</u> or <u>505</u>, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering.

Classify securities by type listed in Part C-Question 1.

Type of offering	Type of Security	Dollar Amount Sold
Rule 505	N/A	\$ O
Regulation A	N/A	\$ 0
Rule 504	N/A	\$ O
Total	N/A	\$ 0

4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees	[] \$0
Printing and Engraving Costs	[X] \$ 5,000
Legal Fees	[X] \$ 35,000
Accounting Fees	[] \$0
Engineering Fees	[] \$0
Sales Commissions (specify finders' fees separately)	[] \$ 0
Other Expenses (identify) State Filing Fees	[X] \$ 4,300
Total	[X] \$ 44,300

- b. Enter the difference between the aggregate offering price given in response to Part C Question 1 and total expenses furnished in response to Part C Question 4.a. This difference is the "adjusted gross proceeds to the issuer."
- 5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C Question 4.b above.

	Payments to Officers,	
	Directors, & Affiliates	Payments To Others
Salaries and fees	[]\$0	[]\$0
Purchase of real estate	[] \$0	[]\$0
Purchase, rental or leasing and installation of machinery and equipment	[] \$ 0	[]\$0
Construction or leasing of plant buildings and facilities	[]\$0	[] \$ 0
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[]\$0	[]\$ 0
Repayment of indebtedness	[]\$0	[]\$0
Working capital	[] \$ 0	[]\$0
Other (specify): Principal amount to be loaned to third party	[]\$0	[X]\$ 3,927,915
	[]\$0	[]\$ 0
Column Totals	[]\$0	[X] \$ 3,927,915
Total Payments Listed (column totals added)	[X] \$	3,927,915

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Res 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

	the state of the s
Issuer (Print or Type)	Signature Date
American Enterprises, Inc.	June 18, 2002
Name of Signer (Print or Type)	Title of Signer (Print or Type)
Robert F. Yeager	President

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

E. STATE SIGNATURE	
Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes No [] [X]
See Appendix, Column 5, for state response. 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.	

3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.

4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Issuer (Print or Type)	Signature Date
American Enterprises, Inc.	June 18, 2002
Name of Signer (Print or Type)	Title (Print or Type)
Robert F. Yeager	President

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	2	2 3 4 .						5		
			Type of security				Disqualification under State ULOE			
	Intend (and aggregate						attach	
	to non-ac		offering price		Type of investor and				explanation of	
	investors		offered in state	a	amount purchased in State (Part C-Item 2)				waiver granted) (Part E-Item 1)	
	(Part B-I	tem i)	(Part C-Item 1)	Niahaa af	ÇARILINMA ENÇLEMENTE DE PROPERTIE DE PROPERT	(Pan E-I	tem 1)			
				Number of Accredited	4	Number of Non-Accredited				
State	Yes	No		Investors	Amount		Amount	Yes	No	
AL										
AK	2								Î	
AZ	X		debt - \$3,972,215	6	\$257,718	0	\$ 0		Χ	
AR						39.772				
CA	· X		debt - \$3,972,215	28	\$1,632,549	1	\$20,000		Х	
CO	X		debt - \$3,972,215	3	\$23,297	1	\$ 4,389		X	
CT								and the state of t		
DE										
DC										
FL	Х		debt - \$3,972,215	19	\$321,535	2	\$15,000		X	
GA	X		debt - \$3,972,215	3	\$29,500	0	\$0		X	
HI	X		debt - \$3,972,215	0	\$0	1	\$20,000		X	
ID										
IL	X		debt - \$3,972,215	11	\$335,500	1	\$9,592		X	
IN										
IA	X		debt - \$3,972,215	1	\$10,000	0	\$0		X	
KS										
KY										
LA	X		debt - \$3,972,215	6	\$53,000	2	\$40,000		Х	
ME	Χ		debt - \$3,972,215	1	\$50,000	0	\$0		Х	
MD	Χ		debt - \$3,972,215	1	\$12,000	0	\$0	ining pangang	попечения старовации; попечения старова попечения попечения попечения попечения попечения попечения попечения по	
MA									променения в применения	
MI						****			A***	
MN	Χ		debt - \$3,972,215	2	\$26,130	0	\$0	***************************************	Х	
MS	Х		debt - \$3,972,215	1	\$88,035	0	\$0	With the same of t	Х	
МО	X		debt - \$3,972,215	16	\$263,058	5	\$148,367		Х	
MT										
NE									<i>-</i>	
NV										
NH									илламиясы жаган та	
NJ	Х		debt - \$3,972,215	1	\$10,000	0	\$0		Х	
NM								***************************************		

NY	X	debt - \$3,972,215	4	\$75,000	0	\$0	X
NC	X	debt - \$3,972,215	0	\$0	2	\$28,942	X
ND							
ОН							
OK	X	debt - \$3,972,215	1	\$20,000	0	\$0	X
OR					THE RESERVE AND ADDRESS OF THE PARTY OF THE	3333 3333	
PA	X	debt - \$3,972,215	1	\$5,886	1	\$5,022	X
RI			The state of the s				
SC			illa mannamana palaini ka sa				
SD					001 001 0091 0 0000 0000 0000 000 000 00		
TN	X	debt - \$3,972,215	1	\$17,449	0	\$0	X
TX	X	debt - \$3,972,215	9	\$172,149	2	\$20,446	X
UT	X	debt - \$3,972,215	2	\$32,411	0	\$0	X
VT							
VA	X	debt - \$3,972,215	2	\$30,000	1	\$10,000	X
WA							
WV							
WI	X	debt - \$3,972,215	2	\$22,000	2	\$163,240	X
WY					00000000000000000000000000000000000000		
PR							